



**ASSURANCE LIEN
SERVICES, LLC.**

www.lienservice.com

REQUEST FOR LIEN RELEASE



Requested By _____

Date _____

Lien was filed on _____

Recorded Entry # _____

County _____

Your Customer's Name _____

Account & Invoice #(if necessary for your records)

Attach A Copy of the Recorded Lien (if available)

P. O. Box 160083 Clearfield, Utah 84016 Phone (801) 520-4500
Send to Email & Fax: Kelly@lienservice.com Fax (801) 383-4519 CELL (801) 520-4500